

# HOUSE . . . . . No. 2651

By Ms. Fox of Boston, petition of Gloria L. Fox and others relative to responding to the cultural and linguistic needs of patients of health care facilities. Public Health.

## The Commonwealth of Massachusetts

### PETITION OF:

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In the Year Two Thousand and Five.

### AN ACT RELATIVE TO PATIENT NAVIGATORS.

*Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:*

- 1 SECTION 1. Chapter 111 of the General Laws is hereby
- 2 amended by adding at the end thereof the following section:
- 3 Section 218. (a) The following words as used in this section,
- 4 unless a different meaning is required by the context or is specifi-
- 5 cally prescribed, shall have the following meanings:
- 6 "Agreement," an agreement entered into between the depart-
- 7 ment and an eligible provider in accordance with and subject to
- 8 the provisions of this section.
- 9 "Culturally competent," shall mean, with regard to the provi-
- 10 sion of health care services, services that, in accordance with stan-
- 11 dards and measures defined in regulations of the department, are
- 12 designed effectively and efficiently to respond to the cultural and
- 13 linguistic needs of patients.
- 14 "Eligible provider," an acute hospital, comprehensive cancer
- 15 center or community health center, each as defined in section 1 of
- 16 chapter 118G.
- 17 "Health disparity population," a population of persons in which
- 18 there exists a significant disparity in the overall rate of disease

19 incidence, morbidity, mortality, or survival rates as compared to  
20 the health status of the general population. Such term includes (i)  
21 a racial and ethnic minority group, as defined in regulations of the  
22 department; and (ii) a medically underserved group, such as rural  
23 and low-income individuals and persons with low levels of lit-  
24 eracy.

25 “HIPAA,” the Health Insurance Portability and Accountability  
26 Act of 1996 (42 U.S.C. 1320d-1329d-8) and regulations promul-  
27 gated thereunder from time to time.

28 “Patient navigator” or “navigator,” an individual whose func-  
29 tions include (i) assisting and guiding a person from a health dis-  
30 parity population with a symptom or an abnormal finding or  
31 diagnosis of cancer within the health care system to accomplish  
32 the follow-up and diagnosis of an abnormal finding, as well as the  
33 treatment and appropriate follow-up care for cancer, including  
34 providing information about obtaining access to relevant clinical  
35 trials; and (ii) identifying, anticipating, and helping persons from  
36 health disparity populations to overcome barriers within the health  
37 care system to ensure prompt diagnostic and treatment and resolu-  
38 tion of an abnormal finding of cancer. A patient navigator may be  
39 a professional provider of health care services, such as a nurse or  
40 social worker, a community health worker, a cancer survivor, a  
41 patient advocate, or a person within such other category or cate-  
42 gories as the department may approve in entering into an agree-  
43 ment. For purposes of this definition, “appropriate follow-up  
44 care” includes palliative and end-of-life care.

45 (b) The department is hereby authorized, subject to appropria-  
46 tion, to enter into such agreements with eligible providers as it  
47 deems appropriate for the development and operation of patient  
48 navigator programs and to pay the costs of such providers in:

49 (i) assigning patient navigators, in accordance with applicable  
50 regulations of the department, for managing the care of persons  
51 from health disparity populations for the duration of their  
52 receiving health care services from or arranged by eligible  
53 providers, including aid in coordinating and scheduling appoint-  
54 ments and referrals, community outreach, assistance with trans-  
55 portation arrangements, and assistance with insurance issues and  
56 other barriers to care and providing information about clinical  
57 trials;

58 (ii) ensuring that the services provided by the patient navigators  
59 to such persons include case management and psychosocial  
60 assessment and care or information and referral to such services;  
61 (iii) ensuring that patient navigators have direct knowledge of  
62 the communities they serve and provide services to persons from  
63 health disparity populations in a culturally competent manner;  
64 (iv) developing model practices for patient navigators,  
65 including with respect to—  
66 (1) coordination of health care services, including psychosocial  
67 assessment and care;  
68 (2) appropriate follow-up care, including psychosocial assess-  
69 ment and care;  
70 (3) determining coverage under health insurance and health  
71 plans for all appropriate health care services;  
72 (4) ensuring the initiation, continuation and/or sustained access  
73 to health care services prescribed by such person's health care  
74 providers; and  
75 (5) aiding such persons with health insurance coverage issues;  
76 (v) requiring training for patient navigators to ensure the ability  
77 of navigators to perform all of the duties required in this section,  
78 including training to ensure that navigators are informed about  
79 health insurance systems and are able to aid persons from health  
80 disparity populations in resolving access issues; and  
81 (vi) ensuring that persons from health disparity populations  
82 have direct access to patient navigators during the contracting eli-  
83 gible provider's regularly scheduled hours of operation.  
84 (c) The department may enter into an agreement only if the eli-  
85 gible provider submits a proposal to the department in such form,  
86 in such manner, and containing such understandings, assurances,  
87 and information as the department determines to be necessary to  
88 carry out the purposes of this section. In assessing any such pro-  
89 posal, the department shall consider, among other factors as it  
90 determines reasonable and appropriate, the extent to which the eli-  
91 gible provider is likely to reduce cancer treatment and outcome  
92 disparities between health disparity populations and the general  
93 population, to demonstrate the cost effectiveness of the proposed  
94 navigator program, and to improve access to cancer-related clin-  
95 ical trials for persons from health disparity populations. Any pro-  
96 posal submitted by an acute hospital or comprehensive cancer

97 center shall demonstrate that the eligible provider shall have in  
98 place during the term of the agreement arrangements with one or  
99 more community health centers that the department deems suffi-  
100 cient to assure that the services of the eligible provider's patient  
101 navigators will be available to persons from health disparity popu-  
102 lations served by such community health center or centers when  
103 such persons are receiving health care services from such hospital  
104 or comprehensive cancer center. Any proposal submitted by a  
105 community health center shall demonstrate that the eligible  
106 provider shall have in place during the term of the agreement  
107 arrangements with one or more acute hospitals or comprehensive  
108 cancer centers, or a combination of any of them, that the depart-  
109 ment deems sufficient to assure that the services of the eligible  
110 provider's patient navigators will be available to persons from  
111 health disparity populations served by such community health  
112 center when receiving services from any such hospital or compre-  
113 hensive cancer center.

114 (d) Any agreement between the department and an eligible  
115 provider shall not be subject to the provisions of chapter thirty B  
116 and may not exceed a term of five years, provided that any pay-  
117 ments under such agreement shall be subject to annual approval  
118 by the commissioner and shall be subject to the availability of  
119 appropriations for the fiscal year involved. This subsection may  
120 not be construed as establishing a limitation on the number of  
121 agreements that the department may enter into with the same eli-  
122 gible provider.

123 (e) As a condition for the department to enter into an agreement  
124 with an eligible provider, such provider shall agree to provide  
125 ongoing outreach activities in a manner that is culturally compe-  
126 tent for the persons from health disparity populations served by  
127 the provider and to inform the public and specific health disparity  
128 populations of the patient navigator services available under the  
129 agreement.

130 (f) In order to allow for effective evaluation of the patient navi-  
131 gator program administered by an eligible provider under an  
132 agreement, the eligible provider, as a condition of the agreement,  
133 shall collect specific patient data regarding navigation services  
134 provided to each person from a health disparity population served  
135 pursuant to the agreement and shall establish and implement pro-

136 cedures and protocols, consistent with applicable federal and state  
137 laws (including HIPAA) to ensure the confidentiality of all infor-  
138 mation shared by participants in the program, or their personal  
139 representatives and their health care providers, group health plans,  
140 or health insurers. The patient navigator program may, consistent  
141 with applicable federal and state confidentiality laws, collect, use  
142 or disclose aggregate information that is not individually identifi-  
143 able (as defined in HIPAA). Each eligible provider who has  
144 entered into an agreement with the department shall provide such  
145 data to the department, with such frequency and in such form, as  
146 the department may reasonably require by regulation in order for  
147 the department to undertake the evaluations contemplated by sub-  
148 section (g), and shall also submit an annual report to the depart-  
149 ment that summarizes and analyzes these data, provides  
150 information on needs for navigation services, types of access diffi-  
151 culties identified and resolved, methods of such resolution and  
152 flaws in the system of access, including insurance barriers.

153 (f) The department may, directly or through one or more  
154 arrangements with public or private entities, undertake evaluations  
155 to determine which outreach activities under subsection (e) were  
156 most effective in informing the public and specific health dis-  
157 parity populations of the availability of patient navigator services  
158 and to determine the extent to which navigator programs imple-  
159 mented pursuant to agreements are effective in providing cultur-  
160 ally competent services to persons from health disparity  
161 populations served by the providers who are parties to such agree-  
162 ments. The department shall, as appropriate, disseminate to  
163 public and private entities the findings made in evaluations under  
164 this subsection. In undertaking or contracting for evaluations in  
165 accordance with this subsection, the department shall develop  
166 appropriate evaluative criteria in conjunction with an advisory  
167 committee appointed by the commissioner that consists of repre-  
168 sentatives of providers that have entered into agreements with the  
169 department; provided, however, that such criteria shall include, at  
170 least, identifying the extent to which the navigator programs  
171 funded through agreements have reduced cancer treatment and  
172 outcome disparities between health disparity populations and the  
173 general population, have demonstrated their cost effectiveness,  
174 and have improved access to cancer-related clinical trials for per-  
175 sons from health disparity populations.

176 (g) The department shall promulgate such regulations as are  
177 reasonable and necessary to implement the provisions of this  
178 section.

1 SECTION 2. The provisions of this act shall be effective upon  
2 enactment.